Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public
Inspection

		e Service	<u>'</u>			•	Inspection
			lendar year, or tax year beging C Name of organization	nning 01-01-2010 and ending 12-31-20	10	D Employer	r identification number
	eck if a fress ch	ipplicable	FIREMEN'S RELIEF ASSOCIATION	S OF MINNESOTA		41-6036	
_	ne cha		Doing Business As				
	ial retu					E Telephon	e number
_	minate		Number and street (or P O box 2633 15TH STREET NW	if mail is not delivered to street address)	Room/suite	(612) 28	32-8138
	ended		City or town, state or country, a	nd 7ID + 4		G Gross rece	eipts \$ 170,001
		n pending	BUFFALO, MN 55313	ilu zir + 4			
i Abi	nicatioi	i pending	F Name and address of	annanal afficaci	T		
			F Name and address of p MICHAEL BRINGS	orincipal officer	H(a) Isthis	a group return for af	filiates? Yes No
			2633 15TH STREET NW BUFFALO,MN 55313		H(b) Are all	affiliates include	ed?
			DOTTALO, THE 33313				st (see instructions)
I Ta	x-exen	npt status	「 501(c)(3)	◀ (insert no)	H(c) Grou	ip exemption	number 🟲
J W	ebsite	e: ► N/A					
K For	n of or	wanization .	Corporation Trust Associ	ation Other b	I Vear of fo	rmation 1922	M State of legal domicile
		gariization	1º Corporation Trust Associa	ation) other P	L Teal of 10	illiation 1922	MN
Pa	rt I	Sumi	mary				
	I		_	sion or most significant activities			
8		TO PROV	TIDE BENEFITS FOR FIREF	GHTERS AND THEIR FAMILIES			
Ě							
Ē.		<u> </u>		d		F0/ - 5-tt	
<u>ق</u>			•	discontinued its operations or disposederning body (Part VI, line 1a)		5% of its net	1
Activities & Governance			_	rs of the governing body (Part VI, line 1			
ties				in calendar year 2010 (Part V, line 2a)		5	
<u>5</u>			nber of volunteers (estimate			6	_
ĕ	7a	Total unr	elated business revenue fron	n Part VIII, column (C), line 12		7a	0
	ь	Net unrel	ated business taxable incom	e from Form 990-T, line 34		71	0
					Prio	r Year	Current Year
a)	8		• • •	, line 1 h)	•	8,754	
Ravenue	9			, line 2g)		101,039	
Ηğ	10			mn (A), lines 3, 4, and 7d)	•	13,722	· '
	11 12			A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), li	ne	0	3,134
				· · · · · · · · · · · · · · · · · · ·		123,515	170,001
	13	Grants	and similar amounts paid (P	art IX, column (A), lines 1–3)		0	6,000
	14			rt IX, column (A), line 4)		38,232	42,701
88	15	Salarıe 10)	s, other compensation, empl	oyee benefits (Part IX, column (A), lines	5 –	2,500	2,500
Expenses	16a	•	sional fundraising fees (Part 1	X, column (A), line 11e)		13,718	+
ੜੇ	ь	Total fun	idraising expenses (Part IX, column	(D), line 25) ▶ 0			
ш	17), lines 11a-11d, 11f-24f)		6,483	21,744
	18	Total e	xpenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		60,933	72,945
	19	Revenu	ie less expenses. Subtract li	ne 18 from line 12		62,582	97,056
Net Assets or Fund Balances						g of Current ear	End of Year
set afae	20	Totala	ssets (Part X. line 16)			953,686	1,136,352
A As	21					8,467	
žŽ	22			ct line 21 from line 20		945,219	1,135,809
Pai	t II	Signa	ature Block				
Unde know	r pena	lties of pe and belief		nined this return, including accompanying te. Declaration of preparer (other than offic			
		****	*) 20)11-11-03	
Sign	ı	I III	ture of officer			ate	
Here			AEL BRINGS PRESIDENT				
		<u> </u>	or print name and title				
		Print/Type preparer's		Preparer's signature RICK C BORDEN		Check if self- employed 🕨 🦳	- PTIN
Paid		<u> </u>	ne • LARSONALLEN LLP			•	Firm's EIN
Prepared Use (Fırm's add	ress 104 MARTY DRIVE SUITE 1				Phone no (763) 225-
use (וווכ		BUFFALO, MN 55313				6150

May the IRS discuss this return with the preparer shown above? (see instructions)

-orn	n 990 (2010)			Page 2
Pai		Service Accomplishments	Dawk III	
	Briefly describe the organization's m	a response to any question in this	Part III	· · · · · · · · · · · · · · · · · · ·
1				
101	PROVIDE BENEFITS FOR FIREFIGHT	ERS AND THEIR FAMILIES		
2	Did the organization undertake any state the prior Form 990 or 990-EZ? .			┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O		
3	Did the organization cease conductin			┌ Yes ┌ No
	If "Yes," describe these changes on S	schedule O		
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and section 4947(a)(1)	trusts are required to report the ar	
4a	(Code) (Expenses \$	49,395 including grants	of \$ 6,000) (Revenue \$	142,798)
	PROVIDE RETIREMENT, DEPENDENCY, DISA THOSE FIREFIGHTERS	· · · · · · · · · · · · · · · · · · ·		EXCLUSIVE BENEFITS PROVIDED TO
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
4d	Other program services (Describe	n Schedule O)		
	(Expenses \$	ıncludıng grants of \$) (Revenue \$)
4e	Total program service expenses▶\$	49,395		

Part IV	Checklist	of Red	uired	Sched	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		Νο
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο				
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No				
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part							
		28a		No				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo				
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo				
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35		No				
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes					

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
,	were not tax deductible?	ОВ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь .0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	Enter the amount of reserves on hand			
4-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	14a		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for

		Yes	No
tion	A. Governing Body and Management		
	Check if Schedule O contains a response to any question in this Part VI	.┏	
	O. See instructions.		
	a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Sche	dule
V-1	dovernance, Hanagement, and Disclosure for each fee response to lines 2 through 7b belo	,	

Se	ction A. Governing Body and Management									
			Yes	No						
_										
1a	Enter the number of voting members of the governing body at the end of the tax year									
ь	Enter the number of voting members included in line 1a, above, who are									
_	ındependent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes							
6	Does the organization have members or stockholders?	6	Yes							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a	Yes							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
	ection B. Policies (This Section B requests information about policies not required by the Internal									
Re	venue Code.)									
			Yes	No						
	Does the organization have local chapters, branches, or affiliates?	10a		No						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13		Νο						
14	Does the organization have a written document retention and destruction policy?	14		Νο						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Νο						
	Other officers or key employees of the organization	15b	Yes							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
	,									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ection C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶									
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501/c)									

(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JOHN ANDERSON 2633 15TH ST NW

BUFFALO, MN 55313 (612) 803-4079

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

C) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from the organization organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organizations Research (W-2/1099-MISC) Reportable compensation from the organization and related organizations Reportable (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organizations Reportable (W-2/1099-MISC) Reportable compensation from the organization and related organization and related organizations Reportable (W-2/1099-MISC) Reportable compensation from the organization and related organization Reportation (W-2/1099-MISC) Reportation (W-2/1099-MISC) Reportation (W-2/1099-MISC) Reportation (W-2/1099	Check this box in heither the organiza	1	led org			1 001	препъ	ateu			
hours per week (describe hours for related organizations in Schedule O) NICHAEL BRINGS PRESEIDENT 100 X X X D O O O			Posi	tion (-) (che	cka	П			(E) Reportable	
Week (describe hours for related organizations in Schedule O)		_							· ·		
1 00		1 '		Ι.			ωт				
(1) MICHAEL BRINGS			<u> -</u> ا	=		_	層真				
1 00			7 ₫	😩		<u>.</u>	S S		2/1099-MISC)		
1 00			<u>6</u>	∰	Ω		ing of mage	ᄬ		MISC)	
1 00			[유틸	≝	3	븅		١Ĕ			organizations
1 00		organizations	ੈ∄	글	Φ	Ò	\$	⊈			
1 00			15	≩		8	1 8				
1 00			ñ	6			∯ ĝ				
PRESEIDENT		0)		<u>'</u>			<u> </u>				
VICE PRESIDENT 1 00	PRESEIDENT	1 00	Х		Х				0	0	0
TREASURER/SECRETARY 1 00 X X 500 0 0 (4) MARK LAUER TRUSTEE 1 00 X 0 0 0 0 (5) STEVE BECKER TRUSTEE 1 00 X 0 0 0 0 (6) MIKE SWARTZER 1 00 X X 3 000 0 0	(2) STEVE WADDELL VICE PRESIDENT	1 00	Х		х				0	0	0
TRUSTEE 1 00 X 0 0 0 (5) STEVE BECKER 1 00 X 0 0 0 0 TRUSTEE 1 00 X X 0 0 0 0 (6) MIKE SWARTZER 1 00 X X 2 000 0 0 0	(3) JOHN ANDERSON TREASURER/SECRETARY	1 00	Х		х				500	0	0
TRUSTEE 100 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	Х						0	0	0
	TRUSTEE	1 00	Х						0	0	0
		1 00	Х		Х				2,000	0	0
Form 000 (2010)											

\$100,000 in compensation from the organization **>**0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(tion that a		′)			(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from rganizat relat organiza	the ion and ed
_													
_											+		
b	Sub-Total				•	•	· ·	<u> </u>			_		
: 	Total from continuation sheet Total (add lines 1b and 1c) .	-						þ -	2,500		0		0
	Total number of individuals (inc \$100,000 in reportable compe	cluding but not lin	nıted to	thos	e lıs) who	·				
										I		Yes	No
	Did the organization list any for on line 1a? If "Yes," complete S	chedule J for such	ındıvıd	ual		•	•	•			3		Νο
	For any individual listed on line organization and related organi										4		No
	Did any person listed on line 1 services rendered to the organ						•		-	r individual for •	5		No
Se	ction B. Independent Co	ntractors											
	Complete this table for your fiv \$100,000 of compensation fro	e highest comper		ındep	ende	ent c	ontra	tors	that received more	than			
		(A) ame and business add							Descr	(B) option of services		(C Comper	
_											+		

orm 99		•					Pa	age 9
Part \	/1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
								512, 513, or 514
\$ \$	1a	Federated campaigns	1 a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	5,159				
ું ∰	С	Fundraising events	1c					
ききし	d	Related organizations	. 1d					
<u>ا آي</u>	e	Government grants (contributions)	1e					
달시		All other contributions, gifts, grants		2,503				
ਫ਼ਫ਼ੑੑੑੑ		similar amounts not included above	2					
톁쓸	g	Noncash contributions included in li	nes 1a-1f \$					
ပြုံခဲ့	h	Total. Add lines 1a-1f			7,662			
je.				Business Code				
Program Serwce Revenue		FIRE RELIEF AID FROM G		900099	142,798	142,798		
æ	Ь							
92	С							
Ž.	d							
Ξ	е	_						
Ž	f	All other program service rev	venue					
ž	g	Total. Add lines 2a-2f			142,798			
		Investment income (includin			·			
		and other similar amounts)			16,407			16,4
	4	Income from investment of tax-ex	empt bond proceeds 🕨					
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)	<u> </u>					
ב ב	8a	Gross income from fundraisii (not including	ng events					
omer nevenue		\$						
בי ב		of contributions reported on						
<u>.</u>		See Part IV, line 18	a					
	ь	Less direct expenses	Ь					
'		Net income or (loss) from fur						
•	9a	Gross income from gaming a	ctivities See Part IV, line 19	a				
	ь	Less direct expenses		b				
	С	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les	s	-				
		returns and allowances .	a					
	ь	Less cost of goods sold .						
		Net income or (loss) from sa						
		Miscellaneous Revenue	·	Business Code				
	11a	RECOVERED ASSET LOSSE	 Es	900099	2,998			2,99
	_	POPMACHINE		900099	136			13
	c							
	d	IAll other revenue						
		Total. Add lines 11a-11d						
			▶		3,134			L
	12	Total revenue. See Instructi	ons		170.001	1/12 708	^	10.5

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	42,701	42,701		
5	Compensation of current officers, directors, trustees, and key employees	2,500		2,500	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
L O	Payroll taxes				
а	Fees for services (non-employees) Management	11,566		11,566	
b	Legal				
c	Accounting	4,518		4,518	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	342		342	
3	Office expenses	4,624		4,624	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
D	Interest				
1	Payments to affiliates	ļ			
2	Depreciation, depletion, and amortization				
:3	Insurance	620	620		
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BOND	74	74		
b					
С					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,945	49,395	23,550	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		242,821	1	258,226
	2	Savings and temporary cash investments	•		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,771	4	67,664
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	oloyers, and			
- \$		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		708,094	11	810,462
	12	Investments—other securities See Part IV , line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		953,686	16	1,136,352
	17	Accounts payable and accrued expenses .		8,467	17	543
	18	Grants payable			18	
	19	Deferred revenue			19	
10	20	Tax-exempt bond liabilities			20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	· .		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		8,467	26	543
S O O		Organizations that follow SFAS 117, check here ▶ → and complete through 29, and lines 33 and 34.	te lines 27			
Balance	27	Unrestricted net assets		6,746	27	2,669
8	28	Temporarily restricted net assets		938,473	28	1,133,140
E	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and clines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	ls		32	
Net	33	Total net assets or fund balances		945,219	33	1,135,809
~	34	Total liabilities and net assets/fund balances		953.686	34	1.136.352

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	170,00
2	Total expenses (must equal Part IX, column (A), line 25)	2			72,94
3	Revenue less expenses Subtract line 2 from line 1	3			97,05
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ç	945,21
5	Other changes in net assets or fund balances (explain in Schedule O)	5			93,53
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,1	135,80
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	_	Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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SCHEDULE D (Form 990)

Department of the Treasury

DLN: 93493318069571

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nternal Revenue Service ► Attach to Form 990. ► See separate instructions.		orm 990. ► See separate instructions.	Inspection	
Name of the organization				Employer identification number
LIK	CEMEN'S RELLET ASSO	OCIATIONS OF MINNESOTA		41-6036632
Pa			dvised Funds or Other Similar F	
	organiz	ation answered "Yes" to Form 9		(1) 5 m la mala de la managementa
4	Tatal number of	hand of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at	ributions to (during year)		
3		ts from (during year)		
4	Aggregate value	, , ,		
5	Did the organiz	ation inform all donors and donor adv	risors in writing that the assets held in dor organization's exclusive legal control?	noradvised Yes No
6	used only for cl	- , , , , ,	d donor advisors in writing that grant funds nefit of the donor or donor advisor, or for a	•
Pa	rt III Consei	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	Protection Preservation Complete lines	on of land for public use (e g , recreat of natural habitat on of open space 2a–2d if the organization held a qua ne last day of the tax year	· <u>-</u>	n historically importantly land area certified historic structure
		,,, ,		Held at the End of the Year
а	Total number o	f conservation easements		2a
b	Total acreage r	estricted by conservation easement	s	2b
c	Number of cons	servation easements on a certified hi	storic structure included in (a)	2c
d	Number of cons	servation easements included in (c) a	acquired after 8/17/06	2d
3	Number of cons	servation easements modified, transf	erred, released, extinguished, or terminate	ed by the organization during
	the taxable yea	ar ⊫		
4	Number of state	es where property subject to conserv	ation easement is located 🛌	<u></u>
5		iization have a written policy regardir the conservation easements it holds	ng the periodic monitoring, inspection, hand ?	dling of violations, and Yes No
6	Staff and volun	teer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents during the year 🛌
7	A mount of expe	enses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year 🕨 \$
8		servation easement reported on line and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	Yes No
9	balance sheet,		conservation easements in its revenue and the footnote to the organization's financia ments	
Par			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	If the organizat art, historical t	cion elected, as permitted under SFA : reasures, or other similar assets held	5 116, not to report in its revenue stateme d for public exhibition, education or resear nancial statements that describes these i	ch in furtherance of public service,
b	historical treas	· ·	S 116, to report in its revenue statement a public exhibition, education, or research i is	•
	(i) Revenues in	ncluded in Form 990, Part VIII, line	1	▶ -\$
	(ii) Assets incl	uded in Form 990, Part X		► \$
2		tion received or held works of art, his nts required to be reported under SFA	torical treasures, or other similar assets fo AS 116 relating to these items	or financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	the	<u>r Similar</u>	Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	ant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	n they	√ furthe	er the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ.	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			A mou	nt	
c	Beginning balance						ľ	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		-							•	-	
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV, line	10.		
		(a)Current Year		Prior \			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships		<u> </u>									
e	Other expenditures for facilities and programs											
f	Administrative expenses		<u> </u>					1				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	ire held	d and ad	mınıstere	d for t	:he		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	·						•	[3b		
4	Describe in Part XIV the intended uses of th					00 5		4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•	i '		1		$\overline{}$	
	Description of investment				a) Cost onsider	or other estment)	(b) Cost or basis (ot		(c) Accun depreci		(d) B	Book value
1a '	_and		•									
Ь	Buildings		•								<u> </u>	
	_easehold improvements			- 1			Ī		1		1	
C	Leasenoid improvements		•	_								
	Equipment		•									
d e	·	· · · · · · ·										

	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		, ,
Total (Column (h) should equal Form 200, Part V and (D) line of	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	

Раг	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	170,001
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,945
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	97,056
4	Net unrealized gains (losses) on investments	4	93,534
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	93,534
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	190,590
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	251,969
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 93,534		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	93,534
3	Subtract line 2e from line 1	3	158,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,566		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	11,566
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	170,001
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	61,379
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	61,379
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,566		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	11,566
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,945
Dar	t XIV Supplemental Information		· · · · · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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DLN: 93493318069571

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection

FIREMEN'S RELIEF ASSOCIATION						41-6036632	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance?			the grants or assist	ance, and	┌ Yes ┌
Part II Grants and Other A Form 990, Part IV, III	Assistance to Go ne 21 for any recip	vernments and O	-	United States. Con eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5		-				· · · · · •_	
Enter total number of other org For Privacy Act and Paperwork Reduction				Cat No 50055P		_	le I (Form 990) 2010

art III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Y	es" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CONTRIBUTIONS TO INJURED OR FALLEN FIREFIGHTERS AND THEIR FAMILIES	5	6,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
FIREMEN'S RELIEF ASSOCIATIONS OF MINNESOTA

Employer identification number

41-6036632

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER AND TWO GENERAL TRUSTEES SHALL CONSTITUTE THE EXECUTIVE COMMITTEE TO MANAGE THE BUSINESS OF THE ASSOCIATION IN THE INTERVALS BETWEEN BOARD MEETINGS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION AMENDED ITS BY-LAWS DURING THE YEAR TO ADJUST THE DUTIES AND COMPENSATION OF THE TREASURER AND SECRETARY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5		THE ORGANIZATION CAUGHT A THEFT DURING THE YEAR AND THE PROPER ACTION HAS BEEN TAKEN TO CORRECT IT

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ALL ACTIVE MEMBERS OF THE FIRE DEPARTMENT OF THE CITY OF BUFFALO, MINNESOTA SHALL BE MEMBERS OF THIS ASSOCIATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BOARD MEMEBERS ARE ELECTED BY THE MEMBERS OF THE ASSOCIATION FOR THREE-YEAR TERMS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COPY OF THE FORM 990 IS PRESENTED TO THE GOVERNING BOARD AT A BOARD MEETING BEFORE IT IS FILED THEY REVIEW THE FORM 990 AND APPROVE IT FOR FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15B	THE TREASURER AND SECRETARY'S COMPENSATION IS SET BY THE BOARD AND DOCUMENTED IN THE ORGANIZATION'S BY-LAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST THE ORGANZIATION DOESN'T HAVE A CONFLICT OF INTEREST POLICY

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 93,534